

# REGISTRATION FORM

## SUMMARY OF PROGRAM REGISTRATION POLICIES:

- \* Make checks payable to: **City of Pullman**. Please do not mail cash.
- \* The City of Pullman reserves the right to adjust program times, dates, and locations if necessary.
- \* **Please fill out form completely!**
- \* Refunds must be requested. Request must be made to the Park and Recreation office at least two full business days prior to the activities start date. There will be a \$10 service fee assessed to each refund voucher, refunds are not possible if class minimum is not met. See page 47 for full refunding policy.

<b>Payee:</b> First Name		Mi		Last					
Address									
City		State		Zip					
Home Phone		Work Phone		Cell Phone					
Name of Participant (First , Last)	Activity Name	Start Date	Day of WK	Time	Activity Location	Grade	DOB	M/ F	Fee
		/							\$
		/							\$
		/							\$
		/							\$
		/							\$
		/							\$
		/							\$
		/							\$
		/							\$
<b>Grand Total</b>									<b>\$</b>

\_\_\_\_\_ VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_ CHECK (Payable to: City of Pullman) **DO NO MAIL CASH**

Name as it appears on the card	Credit Card Number	Expiration Date
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I, the undersigned, in consideration of your accepting my/my child's entry hereby assume for myself/my child, all risk and hazards of the conduct of the city's recreation sponsored program and release for myself/my child, my heirs, executors, and administrators any and all claims and rights for damages I/my child may have against the City of Pullman or its employees connected with the program. I also acknowledge for myself/my child that the City of Pullman provides no medical coverage of any kind for any accidents or injuries that might result during participation in city sponsored programs. I allow photographs to be taken during Parks and Recreation activities to be used in promotion of future City programs. I have read and understand the registration policies. Registration is invalid without participant's/guardian signature.

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Signature (Participant or Parent/Guardian)